

WHITE PLAINLY, WITH-OUT FADING INK. THIS IS A REQUIREMENT. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

SEP 13 1934

791
1003

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis

(No. City Hospital No. 1)

File No.....

27675

Registered No.....

7934

St.....

Ward.....

2. FULL NAME

(a) Residence, No. 2855 Lafayette Ave 23 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Maxine Nickel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March 14 1915

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

19

4

17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Metal Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Massachusetts
Gloucester

13. NAME

John D. Nickel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Massachusetts
Gloucester

15. MAIDEN NAME

Alma Roebig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Massachusetts
Gloucester

17. INFORMANT (ADDRESS)

Maxine Nickel
2855 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE Aug 2 1934

19. UNDERTAKER (ADDRESS)

A. W. M. Laughlin
2301 Lafayette Ave

20. FILED AUG - 2 1934

J. Bredeck
Registrar

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 31 1934

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 4 AM m.

The principal cause of death and related causes of importance were as follows:

Ulcerative Pharyngitis

Multiple lung abscesses

Fibrinous Pulmonary Pleurisy

Other contributory causes of importance:

Jaundice

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

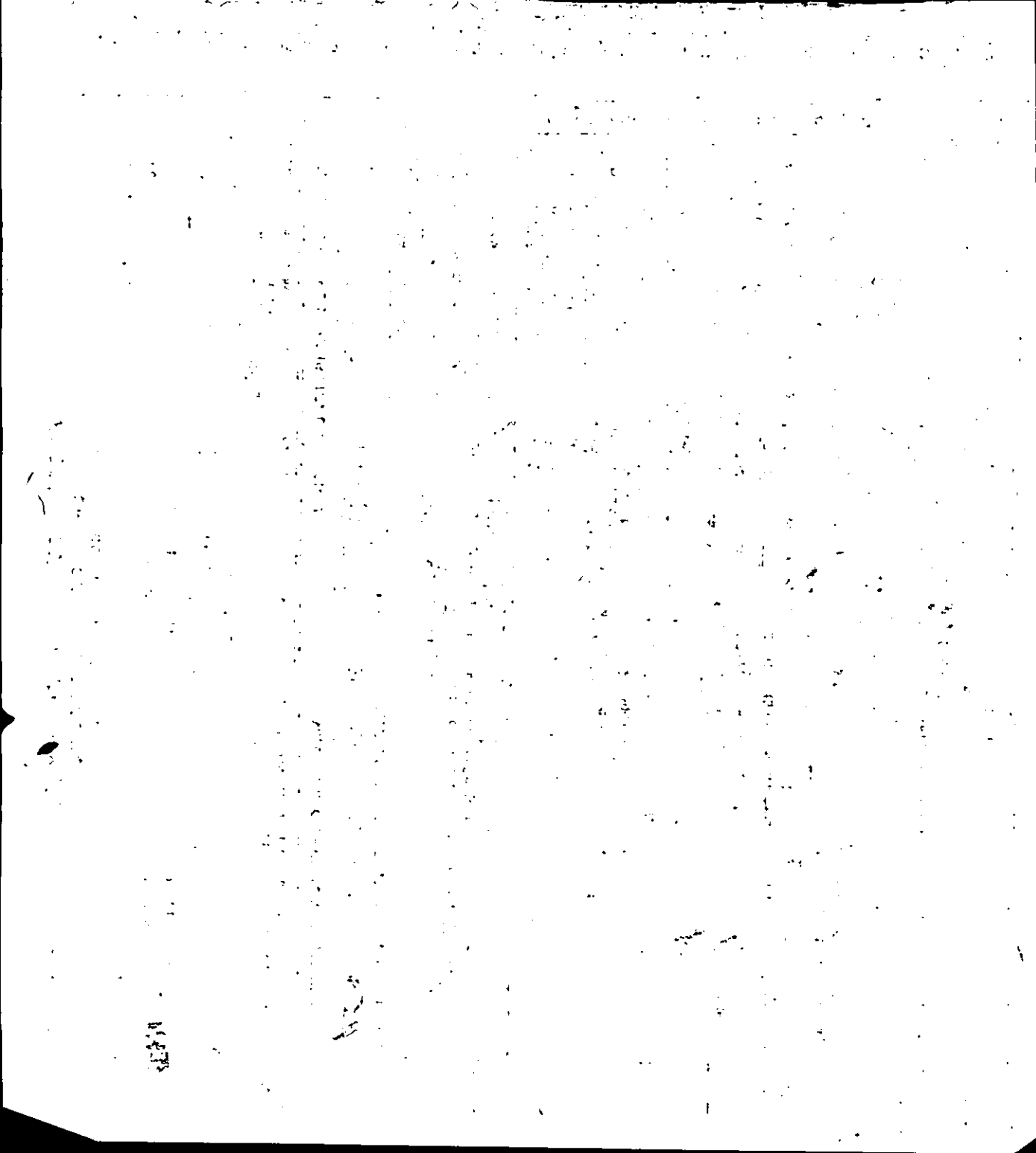
24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Harold H. H. H.

(Address) St. Louis

M. D.



#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

793

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Allen E. NickelWho died at City Hosp # 1 on July 31 - 1934Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years _____ Months _____ Days _____

Sex _____ Color or race _____ Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ulcerative Pharyngitis multiple lung Tuberculosis
Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) TennesseeBirthplace of father (State or country) FloridaBirthplace of mother (State or country) AlabamaPrincipal cause of death: abscess of lung caused by pulmonary tuberculosisand jaundice

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? 10

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Harold H. SchultzAddress of physician Dep. CornerSignature of Registrar J. J. Bredecks Date filed 9-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 791Primary Reg. Dist. No. 1003

Special Agent.

S-27675